# FOR STATE any deloy is P.M.3. Page in pencil in Item 18. Give Poges 1, 2, and 3 to he Stote Deportment of hours after death the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours offer death. If 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and Health or its designated agent, prior to burial, cremation, or removal, and in any even necessary, please execute the certificate, writing the word "pending" TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/66

0404

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVARABLEDIC CEDTIFICATE OF

0.4519 MEDICAL	EXAMINER 5 CERTIFIC	ATE OF DEATH	07194
1. PLACE OF DEATH 0. COUNTY ST. MARY S	MARYLAND O. STATE	ESIDENCE (Where deceosed lived, if institution: b. COUNTY MARYLAND	ST. MARY S
write RURAL ond give nearest town) RURAL HAKKKREEN COMPTON	R	OWN (If outside corporate limits, write RURAL OURAL HOLLY WOOD	ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	et oddress) d. STREET A	DDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JAMES DAWK!	Middle Lost	4. DATE Month OF DEATH MAY	Doy Year 31. 1967
S. SEX  6. COLOR OR RACE  7. MARRIED N  NALE  WHITE  WIDOWED	DIVORCED Aug. 13	lost birthdoy) Mo	UNDER 1 YEAR   IF UNDER 24 HRS onths Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ELECTRIC LINE TRIMER		LACE (Stote or foreign country)  MARY LAND	12 CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME  JAMES DAWKING ABELL  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give war ar dates of service)  214-48-	ECURITY NO. 17. INFORMANT	S MAIDEN NAME  MARY VIOLET DEAN  Address  B ABELL HOLLYBOOD	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b).  PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   DUE TO   Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.	ond (c))	Line	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH			19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	oly grounded a	of injury in Port I or Port II of item 18.)	hes 1200 not we
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OC While 1e5 p.m. 5-31 19 67 of work 20		Home, form, e bldg., etc.) 20f. (City or town) 57 Cleants St	(County) (Stote)
21. I certify that I took charge of the remains dedeath resulted from: Natural couses , Ac	cident Suicide ,	Homicide, Undetermined monn	
ACTUAL SIGNATURE MINISTER S	M.D. ASS	EF MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) WILLIAM D. BOYD M. D	). Add	UTY MEDICAL EXAMINER   X   Iress (Street, city, town, or county)	6/1/67
BURNAL (Specify) 6 - 3 - 1967 S	NAME OF CEMETERY OR CREMATORY  T. JOHNS CEMETER		MARYLAND
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGIST	

1000 a Court and a second £ \*. 2200 000 f - t -200 - 0100 and the second s 

#### MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS. 301 PRESTON STREET.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave cardan papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after dept. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67 W. CLARKE MATTINGEEY

	97217			CERTIFICA	TE OF DEATH		67	195
	PLACE OF DEATH o. COUNTY S1	. MARY S		MARYLAND	a. STATE	E (Where deceased lived, if in:	COLINITY	before admission) MARY 1 6
	LEO WARE	(If outside corporate limit of give nearest town)		c. LENGTH OF STAY IN 15	/34/E/A/t	outside corporate limits, write	yden	81
		tal or institution (if n		,	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES X NO
	NAME OF DECEASED (Type or print)	HeLEN	irst	Middle MAE	Lost ADAMS	4. DATE OF DEATH MAY	Month 19.	Day Year 1967
S.	EMALE	6. COLDR DR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In year last birthda		YEAR IF UNDER 24 HRS. Days Hours Min.
		N (Give kind of work done life, even if retired)	11	IND OF BUSINESS OR IDUSTRY OME		nty & State, or fareign country) MARYLAND	COUN	ZEN OF WHAT
13.	FATHER'S NAME	HENRY W.			14. MOTHER'S MAIDE			
15. (Ye	WAS DECEASED EV is, na, ar unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates	I 16.		7. INFORMANT		Address	LAND
	1B. CAUSE OF D PART I. DEA	NEATH (Enter only one con NTH WAS CAUSED BY: IMMEDIATE CAUSE	(a)		alay (	relaps	1	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any	te cause (a),	(b)	Sime	shopn	supmm	ion	Days
	lost.	)	(c)	TO OF ATU DUT NOT DE ATEN.	TO THE REPUBLICATION	CONDITION GIVEN IN PART 1(c		19. WAS AUTOPSY
CERTIFICATION	1	Lanara	lusa	osler,	PARTUS			PERFORMED? YES NO
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	9 20b. Pi	SCRIBE HOW INJURY OCCUPY	CED. (Enter nature of injury	in Part I or Part II of item 1B	r)	
MEDICAL	Haur a.	URY Month, Doy, Year m. 19	20d 1: While		PLACE OF INJURY (Home, f factory, street, affice bldg.,		n) (Coun	ty) (State)
	saw the d	leceased alive an_	pited) offer	ded the deceased from	hat death occurred	, 19.60/, to	ses and on the	thot (I) (we) last
	22a. SIGNATURE	AN	H	all	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b 0AI	ESIGNED 67
	22c. PHYSICIAN'S NAME (Type	JAMES		BOE M.D.		GREAT MILLS,	MARYLAND	///
	BURIAL, CREMATI REMOVAL (Specify BURIAL	MAY 21.		ST GEORGE E	PISCOPAL	23d. LOCATION (City of	, ,	County) (State)

LEGNARDTOWN.

1967

the same of the same TYPE T GMALAND . 941 27-11-11-11-11-11 ----plant - man to a supplement 01 1 1 4 1 4 1 A 5 1 LESS TO THE TAX DATE OF THE STATE OF THE STA TANGETT CONTRACTOR - CLARKE ATTIVLENT DIRECTORY, DESERVE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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TOB	CTATE
FUM	STATE H DEPT.
1.10.70.3	LBENT
L HOSPACE LA	H DEPT.
A St. Ash.	T PEI II
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in pencil in Item 18. Give Pages 1,

This certificate shauld be executed within 24 hours after death. If

"pending"

please execute the certificate, writing the word

MEDICAL EXAMINER:

TO DEPUTY necessary,

2, and 3 the PM3. Page farm the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with 5 may be retained far your files.

1.	PLACE OF DEATH	9			2. USUAL RESIDE	ENCE (Where deceased liv	ed, if institution: Res	idence befare admission)
		ST. MARY S		MARYLAN	D Ma	RYLAND		MARY S
		(If autside corparate limi ad give nearest tawn)	its,	c. LENGTH OF STAY IN 1		(If outside carparate lim	its, write RURAL and	give nearest tawn)
		RDTOWN		를 HOUR	Rugai	AVENUE.	1	X-1
		TAL OR INSTITUTION (If I	nat in haspital, g		d. STREET ADDRE			e IS RESIDENCE ON A FARM?
		Y'S HOSPITA	AL_					YES NO
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE OF	Manth	Day Year
c	(Type or print) SEX	6. COLOR OR RACE	TAMARDIED	LUCILLE	BANAGAN 8. DATE OF BIRTH	DEATH	In years IF UNI	7 19 67 DER I YEAR   IF UNDER 24 HRS
			7. MARRIED WIDOWED	NEVER MARRIED (	2)	lasi	birthday) Month	
_	EMALE	WHITE  N (Give kind of work done		ND OF BUSINESS OR	FEB. 17,	1915 52 (State or fareign country		CITIZEN OF WHAT
	ring most af warking	g life, even if retired)		DUSTRY	II DIKITIFUACE			COUNTRY?
12	HOUSE FATHER'S NAME	WIFE			14. MOTHER'S MA	MARYLAN	10	U.S.A.
	-	-						
1		ES DOWNE	h	TOGAL SEGUENAL TO		WILKINGON		
		ER IN U.S. ARMED FORCES? (If yes give war ar dates		OCIAL SECURITY NO.	17. INFORMANT		Address	
		, , , , , , , , , , , , , , , , , , , ,		7-30-1010	JOSEPH S.	BANAGAN	AVENUE	. Mp.
	stating the undi	erlying cause	(c) /	roumation	ertlent x	Costo		lyr
CERTIFICATION	PART II, OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	TO THE TERMINAL DISEA	SE CONDITION GIVEN IN	PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
REFEC	200. EXTERNAL CO		20b. DE	CRIBE HOW INJURY OCCUI				
				Fell over	cinder	block at	work-	
MEDICAL	20c. TIME OF IN.	JURY Month, Day, Year	20d IN	TURY OCCURRED 20	PLACE OF INJURY (Hom	e, form, 20f. (City	ar tawn)	(County) (State)
ME	3.00 p	m. 5 35 19	66 at work	Not While at wark	of Joseph Sa	13	shoos	StMas me
			ge of the rem	ains described abov	e, held an Autopsy	N. Inspection		
			ral causes	Accident X			ermined manner	
		71	V	2 0		EDICAL EXAMINER		
	SIGNATURE	Il has	0/3	Q NHI	M.D. ASSISTAN	T MEDICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S			7	DEPUTY	MEDICAL EXAMINER		5/10/67
	NAME (Type)	WILLIAI	H D'	BOYD	H> Address	(Street, city, tawn, or con	inty)	0/10/0/
23	a. BURIAL, CREMATI		HEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATIO	N (City or Town)	(Caunty) (State)
	BUR AL	WI A A						
2	DURTAL	MAY 10	, 1967	SACRED HE	ART CEMETER	Y BUSHW	00D ST.	MARY 16 Mp.
	4. FUNERAL DIRECTO		1967	SACRED HE ADDRESS	250	REC'D BY REGISTRAR	25b. REGISTRAR	MARY & MD.

145 . 44 galla maja 3 demoka destria group JATIANTE ILYAMINE West Edulies Browning And A Se 101 , 11. T198 3843 man Health Market SECURITY DESIGNATION OF THE PERSON TO THE PE Marine State of Townson, Section Since I am the design parts of property an quite and alle come a deviation of the profit is successful to the profit is successful. AN A CONTROL CONTROL CONTROL CONTROL

FOR STATE	07215			R'S CERTIFICATE	OF DEATH
HEALTH OFFI	1. PLACE OF DEATH a. COUNTY	ST. MARY'S	MARYLAN	CTATE	(Where deceased lived, if institute b. COU.
and and M3.	write RURAL on Patuz	If autside carporate limits, d give neorest town) Kent River	c. LENGTH OF STAY IN 1	PÁ	outside corporate limits, write RU Lukent/River//
death If on Pages 1, 2, with farm P	NAVAL	AL OR INSTITUTION (If not in haspital AIR STATION HOSP:	ITAL	d. STREET ADDRESS	1801 West Rive
0	3. NAME OF DECEASED (Type or print)	First  CHARLES	Middle H •	BLAKEY, Jr.	
2 will	s. sex Male	6, COLOR OR RACE 7, MARRIE Negro WIDOWE	DIVORCED	JAN-21, 194	
24 hours in Item 18 ris Office of 1972 version	during most of working		KIND OF BUSINESS OR INDUSTRY		te ar fareign country)  ALABAMA
within 24 n pencil in Examiner's File pages I hours after	13. FATHER'S NAME	HARLES H. BLAKEY		14. MOTHER'S MAIDEI	N NAME
be executed within 24 "pending" in pencil in ief Medical Examiner's insit permit. File pages ent within 72 hours afte	15. WAS DECEASED EV (Yes, na, or unknawn) YES	R IN U.S. ARMED FORCES? (If yes give war or dates af service)	6. SOCIAL SECURITY NO.	17. INFORMANT U.S. NAVYRE	Addr
	981. DEA	EATH (Enter only one cause per line TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	1 1 1 1 1 1 1 1 1 1 1 1 1 1	nshot wound o	f chest
o = -	Conditions, if any rise to immedia stating the under last.	te cause (a),			
his certificat ate, writing e farwarded be used as a emoval, ond	PART II. OTHER S	IGNIFICANT CONDITIONS CONTRIBUTION			ONDITION GIVEN IN PART 1(a)

necessary, please execute the certific O DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

5 may be retained far yaur files.

10 FUNERAL DIRECTOR: Page 3 shauld Health priar ta burial, cremation, or in the funeral director. Page 4 should

Dayton e. IS RESIDENCE ON A FARM? verview ON Ave YES NO Day Year 31 IF UNDER 1 YEAR 19 67 IF UNDER 24 HRS Davs Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A lddress INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES K NO (City or town) (County) (State) Mary's Md Inquiry ond in my opinion 22. DATE SIGNED June 1, 1967 (State) ALABAMA

itution: Residence before admission)

OUNTY ST//MARY/S RURAL and give nearest town) PRIMARY A or CONTRIBUTING CAUSE OF DEATH. Shot by unknown assailant MEDICAL 20c. TIME OF INJURY Manth, Day, Year 8:00 Hour Sh. 5-31 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED Not While K 19 67 While factory, street, affice bldg., etc.) at work highway Dameron 21. I certify that I taok charge of the remains described above, held on Autapsy X Inspection death resulted\_from: Undetermined manner Natural\_causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Springare, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, ar county) 23b. DATE THEREOF BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) BURIAL JUNE 5. 1967 ANTIOCH CEMETERY EUFAULA 24. FUNERAL DIRECTOR ADDRESS EUFAULA, ALABAMA FRED SMITH

-- w g - - - m -160, 15,000 BORGETT VVA and the first of substantial 51915 , / a\_1 Andrew the State Andrew Andrew College Andrews CHECK SHALL HAVE AND ALL AND A

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. 201 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH 07220

07102

0 0 10	Not U					0.4.1	LUU
1. PLACE OF DEA	TH				(Where deceosed lived, if in		e before admission)
a. COUNTY	ST. MARY'S		MARYLAND	o. STATE	LAND.	COUNTY ST.	MARY S
	NN (If outside corporate limi	ts,	C LENGTH OF STAY IN 16		autside corparate limits, writ		
LEONARD	l and give nearest town)		7 DAYS	Ru	RAL LOVEVIL	LE.	18.1
	SPITAL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS	-		e. IS RESIDENCE ON A FARM?
	ST. MARY	& Hose	ITAL				YES NO XX
3. NAME OF DECEASED (Type or print)	HAMMET	irst T	Middle	Last CH I NG	4. DATE OF DEATH MA	Month y 3	Day Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9. AGE (In year	ors IF UNDER 1	YEAR IF UNDER 24 HRS.
MALE	WHITE	WIDOWED	7 DIVORCED	213-22-0207	1892 75 birthdo	yrs. Manths	Days Hours Min.
o. USUAL OCCUPA	ATION (Give kind of work done king life, even if retired) MING		ND OF BUSINESS OR DUSTRY		ty & State, or foreign country) MARY L	AND U	IZEN OF WHAT
3. FATHER'S NAM	WE			14. MOTHER'S MAIDEI	N NAME		
	VOLLEY CHIN	16		EM	HLY ?		
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. S	SOCIAL SECURITY NO.	17. INFORMANT	11	Address	
WW 1	wn) (If yes give wor or dates	213	-22-0207	BEATRICE FULL	LER LOVEVI	LLE. MAR	RYLAND
18. CAUSE C	F DEATH (Enter only one co	use per line for	(a), (b), and (s).)				INTERVAL BETWEEN
PART 1.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) 02	molival	tremone	a		ONSET AND DEATH
175	2	10				-,-	
Conditions, if	ony, which gave }	(b) C	cremona	- 1 Bro	tale - nete	eleses	
	diate couse (a), Dur	TO		1			
last.	inderlying couse	(c)		/			
PART IL OTHI	ER SIGNIFICANT CONDITIONS O		O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 10	n)	19. WAS AUTOPSY
						-1	PERFORMED?
20o. ACCIDENT	WAS UNDERLYING	I 20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Part I or Part II of item 1	R)	112   110
OR CONTRIBU	TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)		The state of the s	terrane as tribility	and the state of t		
20c. TIME OF	INJURY Month, Day, Year	20d IN	BURY OCCURRED 20e	PLACE OF INJURY (Hame, fa	irm, 20f. (City or tow	n) (Cau	inty) (State)
Hou	r'o.m.	While	Not While	factory, street, office bldg., et		(cuo	(2.2.6)
	p.iii.	at work		B. 18	10	2 10/	Johns W. Louis I
	ertify that (I) (this has e deceased alive an	Spirot airend		that death accurred o	1957, ta	ses and an th	that (i) (we) las
22a. SIGNAT	and the second	2			1		TE SIGNED /
1	Na alles 7	heer	woll	M.D. PHYS.	MED. STAFF PHYS.	0 67	4/67
22c. PHYSIC		٧		22d. ADDRESS			110/
NAME (	CHARLE	S GREEN	WELL M. D.	L	EONARDTOWN,	VARYLAND	
30. BURIAL, CREA		IÈREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	ar Tawn)	(County) (State)
BURIAL	ecity) 5/6/	167	CHRIST CH	URCH	CHAPT	CO ST.	MARY'S Mo.
24. FUNERAL DIR	ECTOR		ADDRESS	2Sa. RE	C'D BY REGISTRAR 25	b. REGISTRAR'S SIG	GNATURE
W.CLA	RKE MATTINGLI	EY I	LEONARDTOWN.	Mo. MAY	9 1967 8	Michaeles	Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please vernove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in one went, within 72 haurs after leaf

VR A15 (4) 25M 1/67

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NO AND PROPERTY OF THE STATE OF

CERTIFICATE OF oon popers. Page's I and 's within 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY ST. MARY S ST. MARY S MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. LEGNARDTOWN RURAL Визниоов d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? ST. MARY'S HOSPITAL YES 🗍 NO K 3 NAME OF Middle 4 DATE First Lost Month DECEASED OF event, ROBERT Cook 20 19 67 (Type or print) JOHNSON DEATH MAY S. SEX 6 COLOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Hours ond in any WIDOWED DIVORCED MAY 16.1918 MALE WHITE 100 LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
STATE ROAD COUNTRY? INDRISTRY MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, GEORGE J. COOK MARIE KNOTT 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO Address CHARLOTTE L. COOK BUSHWOOD, MARYLAND cremation, 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p buriol, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) DHE TO Conditions, if ony, which gove (b) rise to immediate cause (o), DUE TO stoting the underlying couse prior to lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Health p CERTIFICATION NO 20g ACC DENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work at work 196 / that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at 48 M, from causes and an the date stated above. saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED MED. ATTENDING director, page 3 shauld be filed v DIRECTOR PHYS PHYS 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) CHARLES GREENWELL M. D. LEGNARDTOWN. MARYLAND 23o BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Stote) ((cunty) BUNMOXAL (Specify) MAY 23, 1967 SACRED HEART CEMETERY BUSHWOOD. MARYLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 W. CLARKE MATTINGLEY Munitar LEGNARDTOWN. MARYLAND

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

be retained by the hospital or attending

this certificate jo

TO FUNERAL DIRECTOR:

detached

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filled

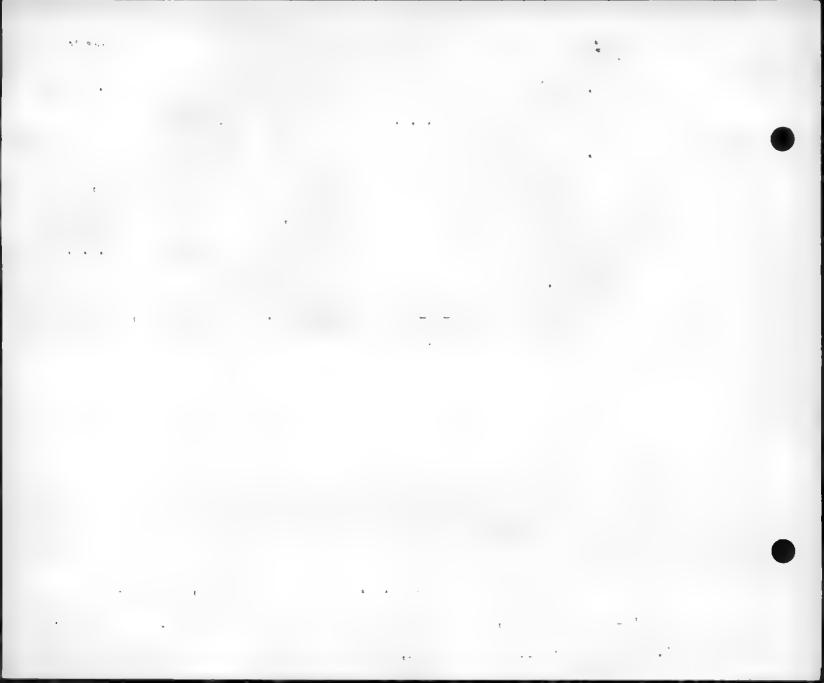
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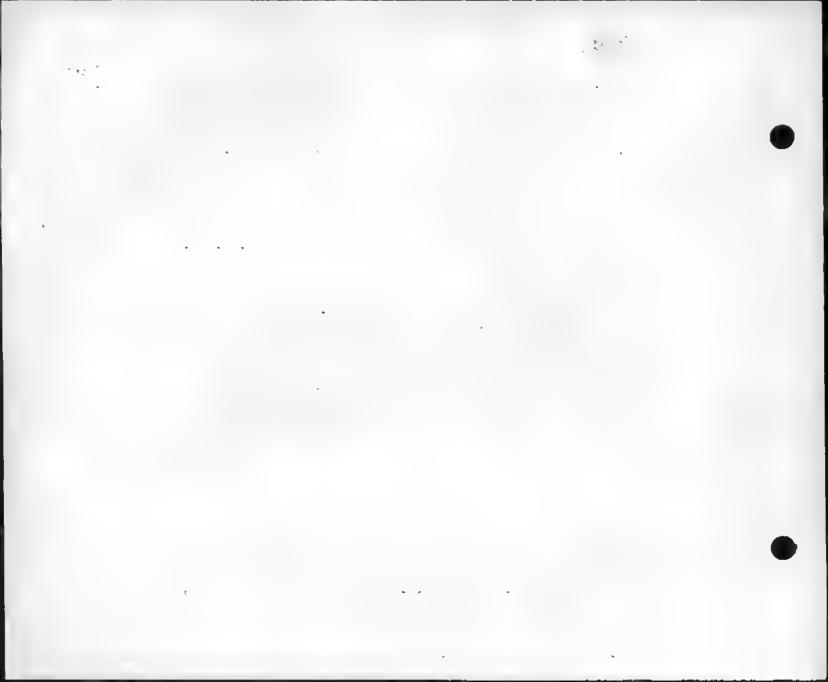


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	MARYLAND STATE DEPARTMENT OF HEALT	Н
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
37229	CERTIFICATE OF DEATH	67200

1. PLAC	E OF OEATH					2. USUAL RESI	DENCE (WI	ere deceased	lived, If In		sidence before	admission)
u. 00		MARYS		MARYL	AND	a. STATE	RYLAN	Œ	b. Cour		. P.ARY	S
b. Cl	TY OR TOWN	(If outside corpora	te limits, vn)	c. LENGTH OF STAY		c. CITY OR TOW			e limits, wi			
	EONARI							PARK		funi		
d. NA	AME OF HOS	PITAL OR INSTITUTION	DN (if not in hi	ospital, give street ad	dress)	d. STREET ADDR	ESS				e. IS F	A FARM?
		TRYS HOSPI				401 CA					YES	
3. NAME	E OF ASED	F	Irst	Middle		Last		DATE OF	Mont	h	Day	Year
	or print)	IDA		SAYRE	DA	DISMAN		DEATH	MAY			967
5. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	1	9. AGI	E (in yeers t birthday)	Months	YEAR IF UN	
TOTAL	TALE	WHITTE	WIDOWED	Land Marie Control of the Control of		7/21/1894		72	yrs.			
10a. USU/	AL OCCUPATI	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLAC	E (County &	k State, or fo	reign country	y)   12, CII	TIZEN OF WIUNTRY?	HAT
	JSEWIF			MESTIC		TAYLO	2 CO.	W. VA			SA	
	HER'S NAME		1 100	MOTIO		14. MOTHER'S						
		SAYRE					RILE					
15. WAS	DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates)	DRCES?   16.	SOCIAL SECURITY NO.	17.	NFORMANT			Addre	ISS		
MO		(11)		34 46 4095	M	RS. VERA	UPCHU	JRCH	SAME	AS_#_	2	
18.			/ 4 .	ine for (a), (b), end (c).	-1 /1	1	_				ONSET AN	BETWEEN DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		retrel	AR	mos	>-					000
	10 1			1	1		-				10 Ju	. 1
Cond	ditions, if a	DUE iny, which \	(b) (Q-T	taren	an-	- Sa	anden				1000	Cys.
	rise to		300			1				"	1)	7
	se (a), ste eriying cause		(c)	mar	تہو	termel	-			i	100	72
				JTING TO DEATH BUT NO	OTRELAT	ED TO THE TERMI	NAL DISEAS	E CONDITIO	ON GIVEN IN	PART 1(a)	19. WAS	AUTOPSY FORMED?
CAT											YES T	
TRACTION CERTIFICATION CERTIFI	ACCIDENT ONTRIBUTII	WAS UNDERLYING THE CAUSE OF DEATH	20b. I	DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter natu	re of injur	y in Part i	or Part II	of Item 18.)	)	
				Marrie Constitution   Love	0 - DI N.	- 0- 111110701-		005 (016)	an Anum)	(O o III	n day)	(State)
돌 20c.	Hour e.m	NJURY Month, Day,	1		factor	E OF INJURY (Hon /, street, office bk	ne, tarm, j	20f. (City	or town)	(Cour	HLYJ	(31410)
MEDICAL 20c	noul B.III	-	White   at worl			,					12	
	-		pital) attend	ed the deceased fro	om		, 19	<i>œ</i> , to			that (I	) (we) last
Sa	aw the dec	easeth alive, on		19 <del>/, ar</del>	nd that	death occurred	at	M, from t	he causes	and on th	ié date sta	ted above.
22a.	SIGNATUR	E //								22b. DA	ATE SIGNED	
	111	1110	-v4		M.D.	PHYS.	MED.	TOR 🔲	STAFF PHYS.	5/	27/67	
220		N'Ş				22d. ADDRES	SS			71		
	NAME (Ty	DAVID DAVID	L. MOSS	MAR M.D.		MEC	HANIC	ZAITTE	MARY.	LAND_		
23a. BU	RIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CE	MÉTERY	OR CREMATORY	23	d. LOCAT	ION (City, 1	town or cou	nty)	(State)
/TE	RIAL, CREMA MOVAL (Spe ANSIT	clfy) 5/27	/67								IRGINI	
	NEBAL DIRE		-	ADDRESS		25a.	REC'D B			REGISTRAR'S	SSIGNATUR	E
TOI	HN M.	WELCH LE	ONARDTO	WN . MARYLANI	)	100	JUN	T 1	36/	Juan	rees you	and a
7 001	AAA1 AAB			the American Property	-						- 1/	

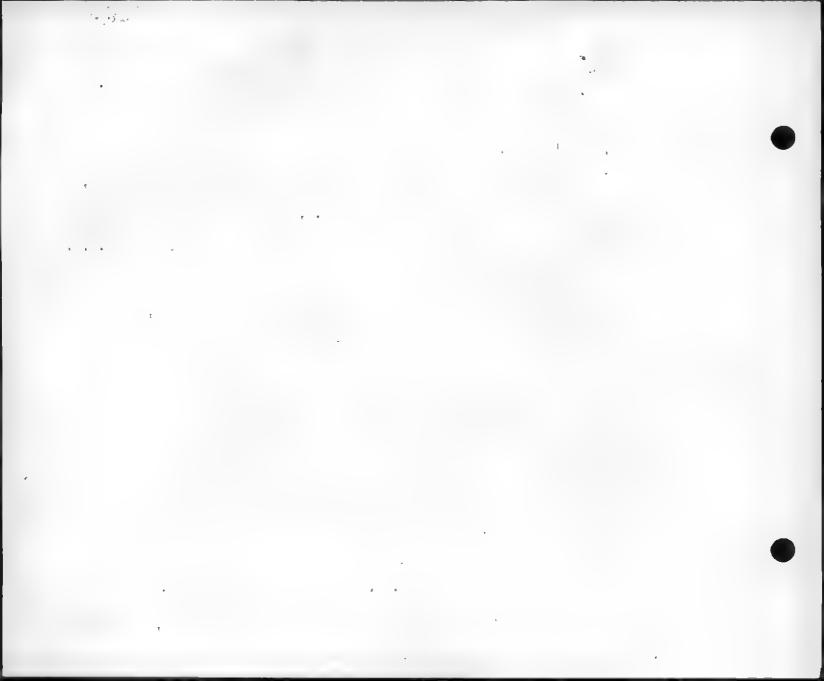
VR A15 (4) 15M 4-64



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Lineral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shalld be filled with the State Ompt. of Hmalth priar to burial, crematian, or remayel, mnd in gary event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

0722	3		CERTI	FICATE	OF DEATH			0720	1
D. COUNTY	T. MARY S		MA	RYLAND	2 USUAL RESIDENCE (V		ed lived, if instituti b. COUN		
b CITY OR TOWN	(If outside corporate limit and give nearest tawn)	5,	c. LENGTH OF STAY	f IN 1b	CITY OR TOWN (If GU	AVEN		RAL and give near	est town)
	MARY 6 HOSP		re street address)		d STREET ADDRESS				B IS RESIDENCE ON A FARM? YES NO .
3. NAME OF DECEASED (Type or print)	CHARLES	rst	Middle HENRY		Lost Dy son	4. DATE OF DEATH	Mont May	21,	19 67
S SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED [ WIDOWED [	NEVER MARRI		EB. 4, 1882	9	. AGE ( n years last birthday)  5 yrs	IF UNDER 1 YEAR Manths Days	
10a USUAL OCCUPATI during most of working LABORE	ON (Give kind of work dane in the property of the control of the c		D OF BUSINESS OR USTRY		11 BIRTHPLACE (County)		reign country) VIARYLAND	12 CITIZEN C COUNTRY	
13. FATHER'S NAME	RICHARD DY	SON			14. MOTHER'S MAIDEN N		?		
15. WAS DECEASED E (Yes, no, or unknown	VER IN U.S. ARMED FORCES? ) (If yes give war or dates or	of service) 16. SC	ICIAL SECURITY NO.		NFORMANT LES EDWARD D	YSON	AVENUE,	MARYLAN	D
Canditians, if an rise to immediate unitast.	ate cause (a),	(o)( TO	Cardiac			ABITION CIVE	N IN DARY 1(a)	0	NTERVAL BETWEEN INSET AND DEATH
200. ACCIDENT W	AS UNDERLYING  GCAUSE OF DEATH				Enter nature of injury in l				PERFORMED? YES NO
20c TIME OF II	Y MEDICAL EXAMINER)  LIURY Month, Doy, Year or m.  p.m. 19	20d INJ While of work	URY OCCURRED  Not While  at work		E OF IN.URY (Hame, farm pry, street, office bldg., etc.)		(City or town)	(County)	(Stote)
		pital) attende	ed the deceased	and that	death accurred at		, from causes	, 19 <u>6</u> 5, 1 and an the do	
22c. PHYSICIAN NAME (Typ		0	WELL M.	M.D	22d. ADDRESS	MED DIRECTOR LEO NAR	DTOWN, M	ARYLAND	
23a. BURIAL, CREMA REMOVAL (Spec	fy) MAY	1967			CEMETERY	But	CATION (City or To	MARY	LAND
W. CLARKE	OR MATTINGLEY	LEONAL	ADDRESS	MARYLA	ND DATEMA	BY REGISTR		Clarles	

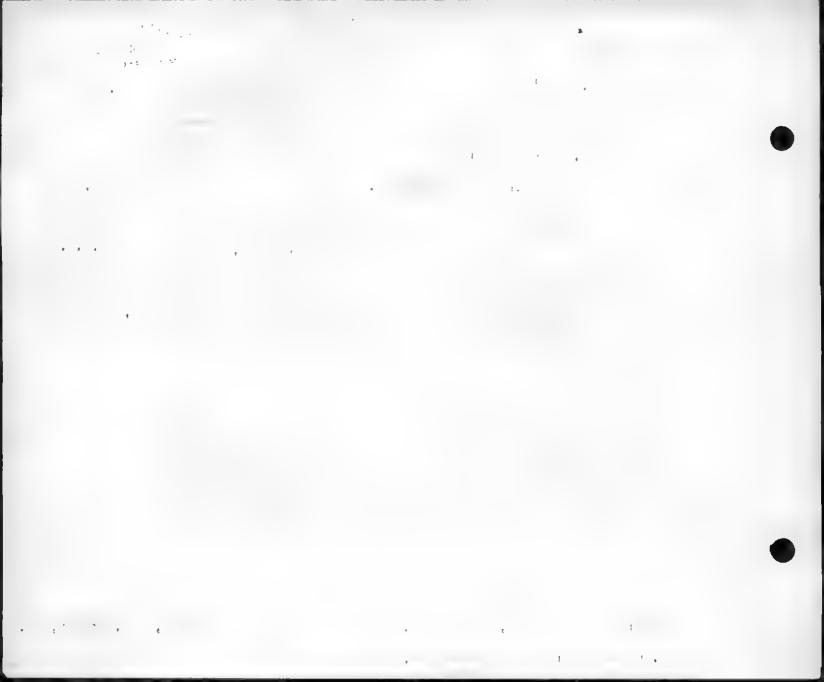


	,		tem	#8 84	Im #Gado 6/	KESIDIN SI	KEEL, DALTING	OKE, MAKI	DAND ZIZOI			
		9722	4	170 11.	CERTIFIC					0720	12	
		PLACE OF DEATH O. COUNTY ST	. MARY S		MARYLA	0	SUAL RESIDENCE ( . STATE MARYL		d lived, if institution b. COUNT	Residence		
/	-	o. CITY OR TOWN (	If outside corporate limit give nearest tawn)	ts,	c. LENGTH OF STAY IN	1b c (	TY OR TOWN (If a	utside corparati	e limits, write RURA	ond give n	neorest tawr	1)
	L	LEGNARDT	OWN		20 HOURS		RURAL	LEON	ARDTOWN		1/	
	0	NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,	give street address)	d. 5	TREET ADDRESS				e. IS R	ES DENCE A FARM?
			T. MARY S								YES [	NO X
		NAME OF DECEASED Type ar print)	PHILI	rst P	Middle	EVAL	Last 16	4 DATE OF DEATH	Month	26	Doy	Yeor 19 <b>67</b>
	5 3	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH 1	96 9		IF UNDER 1 YI	EAR IF UN	IDER 24 HRS
	V	ALE	COLORED	WIDOWED	DIVORCED	MARC	н 15,169	15/	71 Yrs	months D	oks uen	irs Min
		USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR IDUSTRY	11	BIRTHPLACE (County	& State, ar fare	ign coun†rγ)	12 (17 ZF	EN OF WHA	T
	0011	ing musi di warking	ine, even il retiled)	10	IDUSTKT		CALIFORN	IA <sub>4</sub>	MARYLAND	0.	S.A.	
	13.	FATHER'S NAME				14	MOTHER'S MAIDEN	NAME				
			K EVANS				HENE	RETTA	SHORT			
			R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.	17 INFOR	THAN		Address			
	,,,,,,	-,,	(0.5 give view or 5.000)			MAMIE	EVANS	LE	ONARDTOW	V, MAR	YLAND	)
		IB. CAUSE OF DI PART I. DEA	EATH (Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE	Pom	(a), (b), and (c).)	hu	nhasi	<u>a</u>			INTERVAL SONSET AN	
		Conditions, if ony	, which gave )	(b) and	enis ele	the	trans	Dice	مو		10+	Yr.
		stoting the unde		(c) Hy	pertensi	in		_			10t	yr,
3	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN	IN PART 1(o)			NO NO
	MEDICAL CERTIFICATION	20a ACC DENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCC	URRED (Enter	noture of injury in	Part I or Part	1 of item IB.)			
	MEDICA	20c TEME OF INJU Hour a.r p.r	10	2Dd   While at war	Not While		NJJRY (Hame, farr eet, affice bl <b>dg</b> ., etc		(City or town)	(Count	(Y)	(State)
			1 1 1	pitol) otten	<mark>ded th</mark> e deceased fr			19 , to		, 19	, that (I	) (we) lost
			eceased alive on_		19, an	id that dea	th accurred at	M,	from causes at			ted above.
		210 S GNATURE	hut.	Jen	W.	MD P	ITENDING HYS	MED. DIRECTOR	STAFF PHYS	22b. DATE	JI T	57
1		22c. PHYSICIANS NAME (Type)	John F.	Fen	wick M.	D.	22d ADDRESS	eono	ardtow	71/	Nd.	/
	23a	BURIAL, CREMATIC		IEREOF	23c NAME OF CEMETE	ERY OR CREMA	TORY	23d. LOC	ATION (City or Town	3) (((	aunty)	(State)
	8	REMOVAL (Specify	MAY 29	1967	ST. JOH	NE CEM	ETERY	HOLL	YWOOD.	ST. MA	RY 18.	Mp.
1	24	FUNERAL DIRECTO			ADDRESS		250 REC	D BY REGISTRA	R 25b REG	STRARS SIGN	NATIONE	oc.
	W.	CLARKE N	ATTINGLEY.	LEONAL	RDTOWN. MAR	YLAND_	DATMA	Y 31	1967		0 0	y

TO MESPITAL OF ATTEMBING PHYSICIAN: The law requires that the death certificate be executed within 24 Maurs after death. Pinge 4 miny bill ratained by the hospital or aftenling pllysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after dest

VR A15 (4) 25M 1/67



St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park e IS RES DENCE ON A FARM? AS PAX R YES NO [ DATE Day OF DEATH Mav AGE (In years IF UNDER 20 years Months Doys Hours 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COLVEYSA Address 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART | DEATH WAS CAUSED BY NTERVAL BETWEEN ONSET AND DEATH Severe Multiple Internal / IMMEDIATE CAUSE (o). DUE TO Conditions, if ony, which gove 2 hours Auto Accident rise to immediate couse (a). DUE TO stating the underlying cause lost PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO D 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of night in Port or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH Passenger in POV which overturned 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Highway - Hollywood, St. Mary's 1:02 XX 22 May Not While While Not While of work While 1967 21. I certify that I took charge of #le remains described above, held an Autopsy Inspection 3 Inquiry | Accident X death resulted from Natural Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 22 May 1767 DEPUTY MEDICAL EXAMINER S **EXAMINER'S** NAME (Type) Address (Street, city town, or county) NAS. AXRIVID

23c NAME OF CEMETERY OR CREMATORY

OAK HELL

5 moy be 10 FUNERAL Health or 1 VR A15ME (5) 6M 1/66

moy be retained for your FUNERAL DIRECTOR: Page

e, writing the word forworded to the Ch

Page 4 should be

the funeral director.

O DEPUTY

cremotion,

used os burial, c

prior to

nts designated agent,

230 BURIAL CREMATION

24 FUNERAL DIRECTOR W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

May 27, 1967

23b DATE THEREOF

2So REC'D BY REGISTRAR

NYACK.

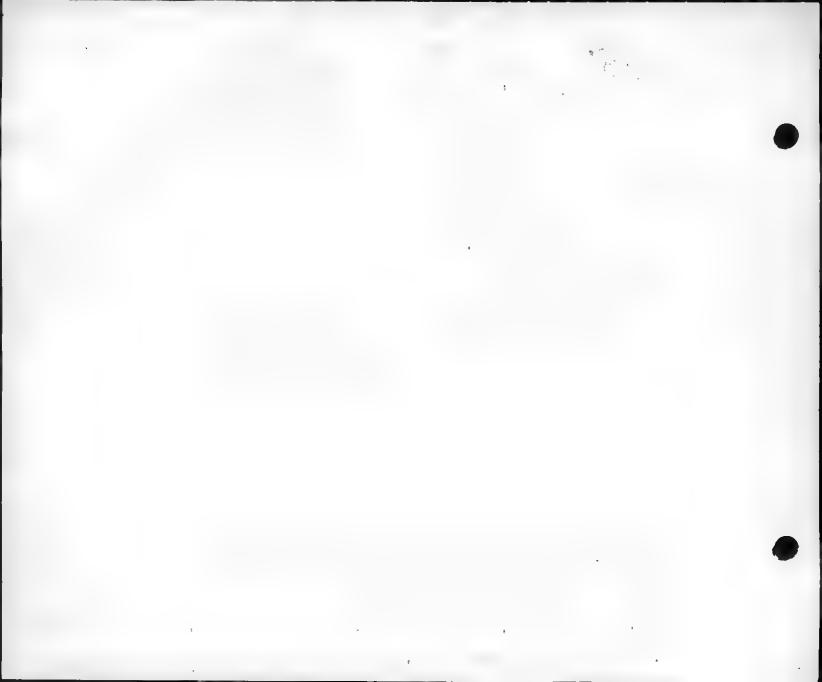
23d LOCATION (City or Town)

2Sb REGISTRAR'S SIGNATURE

(Stote)

NEW YORK

**b** COUNTY



07226

IN HOTFITAL OF ATTENDING PEYSICIAN: The low requires that the death certificate be executed within 24 haurs after leath.

Page 4 may be retained by the hospital ar attending physician.

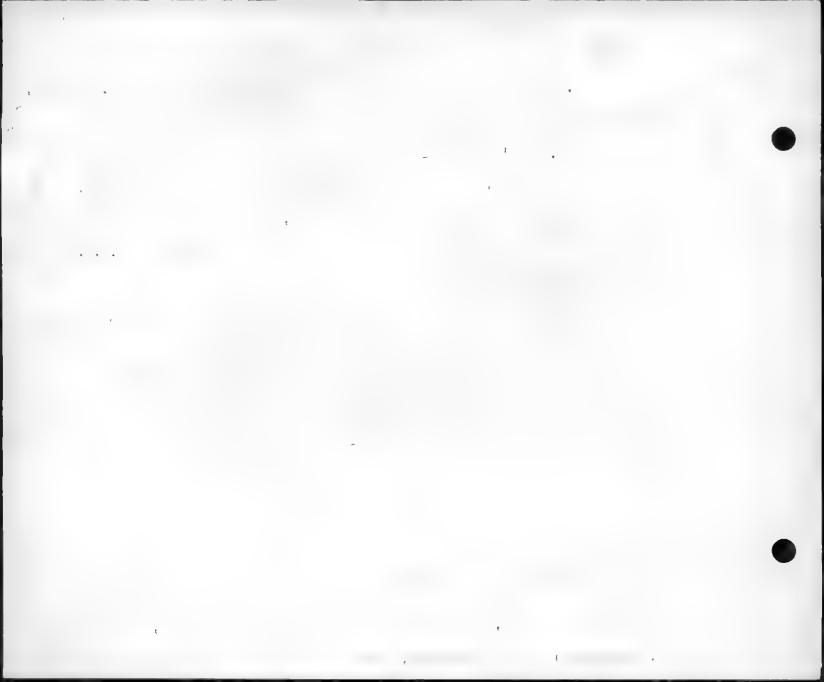
VR A15 (4) 25M 1/67

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CERTIFICATE OF DEATH

67204

										V - 10	C. MIT	
	LACE OF DEATH						2 USUAL RESIDENCE (	Where dece			before admis	ssion)
(	o. COUNTY '	ST. MARY 18			N	MARYLAND	o. STATE	LAND	b. COUN		MARY S	3
		(If autside carporate timit	5,	C	LENGTH OF ST		C CITY OR TOWN (If or		rate limits, write RUR			
	RIPAL SURAL	nd give negrest town)	NA D	DTOWN	. 1	OUR	RURAL	_ `	IWO O D	~	,	
		TAL OR INSTITUTION (If n					d. STREET ADDRESS	UUGF	HOOD		e IS RE	SIDENCE
,	1. 1650.6 01 110 111		_				d. Sincer Addition				ON A	FARM?
2 0	HAME OF	ST. MARY		05911			<u> </u>	1			YES X	
	NAME OF DECEASED Type or print)		ist L <b>L ] Æ</b>		Middle ELLEN	HERB	Last ERT	4 DATE OF DEAT	4.5		,	Year 9 <b>67</b>
5 5	EX	6. COLOR OR RACE	7. MAI	RRIED R	NEVER MAR	RIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		DER 24 HRS
FE	MALE	COLORED	WIDO	OWED 🗍	DIVO	RCED 🔲	JUNE 11.190	7	last birthday) 50 yrs	Months	Days Haur	s Min.
10o	USUAL OCCUPATIO	N (Give kind of work dane		10b. KIND	OF BUSINESS O		11. BIRTHPLACE (County				ZEN OF WHAT	
	ng mast af warkin	g life, even if retired)		INDUS					Ma mara a sum		NTRY?	
	FATHER S NAME	2			OME		14. MOTHER'S MAIDEN	NAME	MARYLAND	TU.S.	M.	
		O==== A===							_			
1r		GEORGE ARMS  TER IN U.S. ARMED FORCES?			AL CECURATY N	n 17 I	MARY L	JELLA	THOMAS Addre	**		
(Ye	s, na, ar unknawn)	(If yes give war ar dates	of service	10. 50(1	AL SECURITY N	0. 17.	NITURINANI		Addre	55		
						Jos	EPH EDWARD	HERBI	ERT BUSHY	MOOD,	MARYLA	ND
	IB. CAUSE OF I	EATH (Enter only one co	use per li	ne for (c)	(b), apa (s).)		0.	1.			INTERVAL E	
- 1	PARI I DE	ATH WAS CAUSED BY, IMMEDIATE CAUSE	(a)	cul	a V c	ulm	non CXP	-0	Ly.		LON	U.A.In
	4437	DUE	10	- A	- 1	1-1	b	1	11 W	+	10	
	Canditions, if an		(6) le	love	orden	uh Ca	controser	- Ka K	light + My	John	70	79-
	rise to immedia		TO	Λ	* 1 =	4	000	+			11.	
	last.	by ying cost	(c)	« Ye	الصارور	لاس	multi	My			76	
	PART II OTHER	SIGNIFICANT CONDITIONS (	ONTRIBU	JING TO D	EATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NDITION G	VEN IN PART I(a)		19 WAS A	UTOPSY
<u>ĕ</u>	109	7 h. hh.	de	. On	21 .	1.1	K DA	2			PERFOR	NO 🔀
5	200 ACCIDENT NO	AS UNDERLYING	10	OOL DESCRI	BLOOM INDIED	v occupato	(Enter nature of injury in	Port Lor D	and It of stem ID \		1 ,0	NO E
CERTIFICATION	OR CONTRIBUTING	G 🗀 CAUSE OF DEATH	- 1	OU DESCRI	DE DOM MORK	i Occuraci.	ferries indigite os inforty set	run i ui r	uri ii or nen is)			
$\exists$	-	Y MEDICAL EXAMINER)				1		T 487			. 1	10.
MEDICAL	20c. TIME OF IN Hour's	JURY Month, Day, Year		20d INJUR While -	Y OCCURRED  Not While		CE OF INJURY (Home, fart ary, street, office bldg., etc.		(City or town)	(Coun	ty)	(State)
₹		.m. 19		at wark	at work		ory, sireor, ornes sings, ore	1				
	21. I cert	ify that (I) (this hos	gitol) (	attended	the decegs	ed from_/		19,			_, that (I)	
	saw the	leceased alive an	mo	5/	V 1927	and tha	t death occurred at		M, from couses	and an the	date stat	ed abav
	22a SIGNATUR			(			ATTENDING	MED	FTAPF	22b, DAI	FIGNED	1/2
	1	1 Nos	~		-	M.I	ATTENDING PHYS	MED DIRECTOR	STAFF C	5/	700	-
	PHYSICIAN		4 4	200	د د الله ألا	7 1. 0	22d. ADDRESS				,	
	NAME (Typ	e) 11-1	40	120	MAN	MD.	Мєсн	ANTCE	VILLE, MA	RYLAND		
230	BURIAL, CREMAT	ION. 236 DATE TH	EREOF	1 2	3c NAME OF I	CEMETERY OR	CREMATORY	23d.	LOCATION (City or Tox	wn) {(	County)	(State)
	REMOVAL (Specif	(A)	2.19	1	_				` '	,		
24	FUNERAL DIRECT		-, 17	0/	ADDRESS	ED MEA	RT CEMETERY	D BY REGIS	TRAR 256, RE	GISTRARS S S	RYLAND	(-2
1 .		Marrano, su			***************************************		DATE M	AY 2 5	1967 /	Mark	By Jus	7
1/1/	THE RESIDENCE	BAR TO BALOS ON	1			Ma marks a	1 11811	- Pr - 4	, 11		17	-



		07227	CERTIFICATE	OF DEATH	1001120110 21201	07205
Inn /2 haurs after death.	1 1	PLACE OF DEATH		2 USUAL RESIDENCE (W	here deceased lived if institut	ion Residence before admission)
	(	ST. MARY S	MARWAN	O. STATE MARYL	l COIII	NTY S + AA
	-	b CITY OR TOWN (If outside corporate limits,	MARYLAND C LENGTH OF STAY IN 16		side corporate limits, write RUF	PAL and the project town
		write RJRAL and give nearest town)		P. /	1 / /.	KAE GIO GIVE HEGIES! IOWII)
		LEONARDTOWN  d NAME OF HOSPITAL OR INSTITUTION (If not in hospi	22 HOURS	114291	7497-6	e IS RESIDENCE
Jin				d. STRÉET ADDRESS	14-1	ON A FARM?  YES XX NO
1		St. MARY S HOSPIT		<u></u>	1	
Л		NAME OF First	Middle	Lost	4. DATE Mont	
		(Type or pnnt) WILLIAM		HUNTINGTON	DEATH IVIAY	13, 1967
	S. 1	SEX 6. COLOR OR RACE 7 MARK	HED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years liast birthday)	Months Dovs Hours Min
		MALE WHITE WIDOW	VED DIVORCED A	ug. 25, 1890	) 76 yrs	January Boys House
		USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	State or foreign country)	12 CIT ZEN OF WHAT
	don	FARMING	MEGONI		MARYLAND	COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		Louis B. Hunting	TON	500	als HIL	.l.
	15	WAS DECEASED EVER № U S ARMED FORCES?		NFORMANT	Addre	255
	(Te	is, no, or unknown) (If yes give war or dates of service)	16-40-7697 A DEL	LA M. HUNTEN	IGTON HUGHESY	VILLE. MARYLAND
		IB. CAUSE OF DEATH (Enter only one couse per Jan.		0		INTERVAL BUTWEEN
		PART I DEATH WAS CAUSED BY.	mon Del	100-		ONSET AND DEATH
		4201 DUE TO				- July - La
		Conditions, if ony, which gove ) (b) (2	westerne	_		
		rise to immediate cause (a), DUE TO	The state of the s			
		lost. (c)				
	_	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS A TOPSY PERFORMED?
4	FICATION				11	PERFORMED?
	FIC	200 ACCIDENT WAS UNDERLYING  20	DESCRIBE HOW INJURY OCCURRED	Enter noture of interv in P	ort I or Port II of Item 18)	[ 1.0 [ ]
	CERT	OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			,	
	MED.CAL		Dd INJURY OCCURRED 20e PLAI	E OF INJURY (Home, form,	20f (City or town)	(County) (State)
	9		Work of work forth	ory, street, office bldg , etc )		, , , , , ,
		21. I certify that (I) (this haspital) at		110 10	6/10 This	19-57 that (I) (we) las
		saw the deceased alive an		death occurred at_		and on the date stated above
		220 SIGNATURE		440,114		226 DATE SIGNED .
3		XI M	M.C		MED STAFF DIRECTOR PHYS.	15/15/12
i		22 PMYS CIAN S		220 ADDRESS	ARCHOR COS 1110	14/18/17
1		NAME (Type)		A	RECHANICS VILLE	E, MARYLAND
	23a	BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d EOCATION (City or To	wn) (County) (State)
0		BURIAL MAY 16.1967	CEDAR HILL	CEMETERY	SUITLAND.	MARYLAND
1	24	FUNERAL DIRECTOR	ADDRESS			GISTRAR S SIGNATURE
7	W.	CHARKE MATTINGLEY LEON	ADDIONIN MARYLAN	DATE MA	NV 1 7 4007	William II

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death

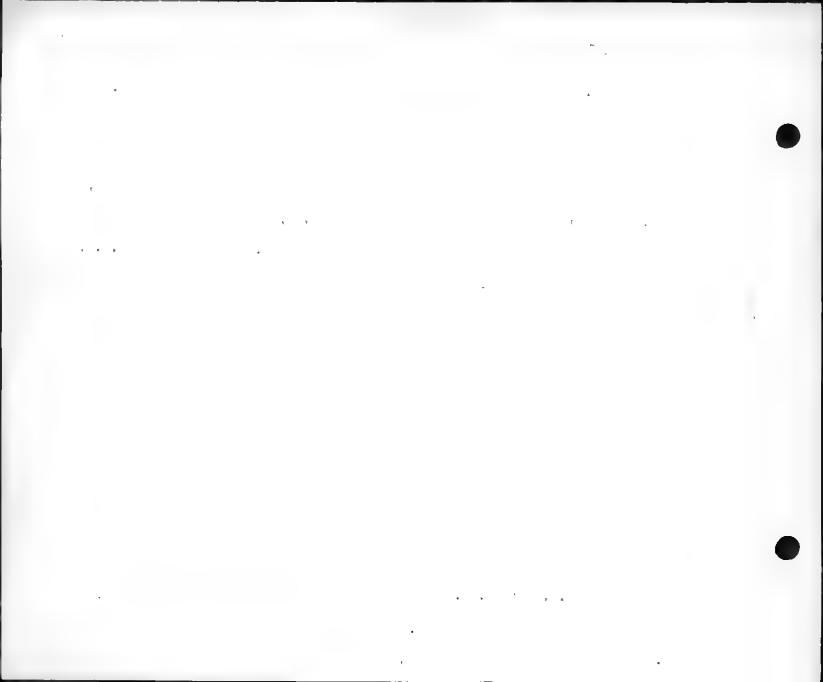
Page 4 may be retained by the naspital or attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97229I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ST. MARY S o. COUNTY o. STATE Page ST. MARY S MARYLAND MARYLAND delay Department b CITY OR TOWN IIf outside corporate mits c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN ID and write RURAL and give nearest tawn) RURAL RIDGE SCOTLAND RURAL e IS RESIDENCE ON A FARM? d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS form Pages State | POINT LOOKOUT MARYLAND STATE ROUTE YES NO 🔀 3 NAME OF Middle Last 4 DATE First Month Dov Year DECEASED ge g (KELLEY) 20. 1967 penci in Item 18 Give STERLING KELLY within (Type or print) RALPH DEATH alang with FUNDER 24 HRS S SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF LINDER 1 YEAR 7 MARR ED NEVER MARRIED 40 ast birthdoy) Months Dovs Hours FEB. 2,1918 24 haurs W DOWED D.VORCED event MALE WHITE CV 11 BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
CIVIL SERVICE INDUSTRY AKRON, OHIO Examiners ( 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within = ISABELLE FLINN STERLING KELLY FILE pup IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address farwarded to the Chief Medical (Yes, no, or unknown) (If yes give war ar dates of service remayal, ELEANOR ANN KELLEY SAME AS # 2 ABOVE Ves CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c) INTERVAL BETWEEN **burial-transit** PART I, DEATH WAS CAUSED BY DNSET AND DEATH Ö IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse 0 90 last 19 WAS AUTOPSY PERFORMED? PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) certificate, prior ta NO þe 4 shauld be 200. EXTERNAL CAUSE WAS PRIMARY DOF CONTRIBUTING DESCRIBE HOW NURY OCCURRED (Enter noting of injury in Port of forth of item 18) 3 should acto put AL EXAMINER: CAUSE OF DEATH. MED.CAL agent, 20r TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home form (City or town) While Not While Toctors street, office bidg , etc.) FUNERAL DIRECTOR: Page 1 Poute 10:30 pm. //en 200 1967 ot work ot work please execute its designated 2) I certify that I took charge of the remains described above, held on Autopsy Inspection Induiry ond in my opinion the funeral director. deoth resulted from. Notural causes Accident Su cide Undetermined manner Homre,de | CHIEF MEDICAL EXAMINER **ACTUAL** ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY 5 may be 1 TO FUNERAL Health ar ii DEPUTY MEDICAL EXAMINER **EXAMINER'S** P.J. BEAN' M. D. NAME (Type) Address (Street, city, town, or country) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ST. PAULS CEMETERY MAY 25, 1967 AKRON. BURIAL 25. RECID BY REGISTRAR MAY 2 3 194 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Ocharles LEGNARDTOWN, MARYLAND W.CLARKE MATTINGLEY

VR A15ME (5) 6M 1766



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		37230	}	MEDIC	CAL EXAMINER'S	CERTIFICATE	OF DEATH		07208		
EALTH DEVI		PLACE OF DEATH O. COUNTY S	T. MARY E		MARYLAND	CTATE	(Where deceased lived,	if institution. Re b. COUNTY S1	sidence before admission)  . MARY 6		
y detay I and 3 tr PM3 Pagi artmento		CITY OR TOWN ( write RURAL and PARK HAL	f outside corporate limit I give necrest lawn) L RURAL	ts I	C LENGTH OF STAY IN 16		c CTY OR TOWN IIf outside corporate limits write RURAL and g				
1, 2 T. Dep		NAME OF HOSPITA	AL OR INSTITUTION ( fin	of in hosp to give	street address)	d STREET ADDRESS					
ges for to	_	TATE ROU	11.00		** 1		1		YES NO S		
after death it dity 8. Give Pages 1, 2, alang with form PA  interest State Departitions		NAME OF DECEASED (Type or print)	Јони	ırs†	Middle MICHAEL	KLEAR	O BYTTI	Month	Doy Year 7. 19 <b>67</b>		
8.8	S	MLE.	6 COLOR OR RACE	7 MARRIED X	NEVER MARRIED DIVORCED	8 DATE OF BIRTH DEC. 4.194	9 AGE (In lost br 22	thdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS		
1 24 hours at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ng most of working	(Give kind of work done life, even if retired) ARPENTER	105 KIND INDU	OF BUSINESS OR STRY	11 BIRTHPLACE (Sto	te or fareign country)  DTOWN. MARY	1	2 CITIZEN OF WHAT COUNTRY?		
cil II	13.	FATHER'S NAME	PRINCE WITH WATER			14 MOTHER'S MAIDEN		6.440	0.00		
within 24 in pencil in Examiner's Fle pages 2 haurs aft		LEO P	. KLEAR			ALI	CE				
	15 {Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)		INFORMANT RS MARJORIE		Address LEO NARD	TOWN, MARYLAN		
snaula be executed in word "pending" in to the Chief Med cal Exbur al-transit permit. For any event within 72 in the content of the content within 72 in the content within			EATH (Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE	Can I	l, (b), and (c))	I mjuri	is include	-	INTERVAL BETWEEN ONSET AND DEATH		
하는 사람		Conditions, fony		(b) date	usive ha	tun of s	kull		immediate		
verificate sh writing the rwarded to to used as a bur val, and in a		stoting the under		(c)		√					
2 9 th 1 th	ATION	PART II OTHER 5	GNIFICANT CONDITIONS (	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN N PAR	T 1(o)	19 WAS AUTOPSY PERFORMED? YES NO		
	MEDICAL CERTIFICATION	200 EXTERNAL (A PR.MARY 12 or COI CAUSE OF DEATH	USE WAS NTRIBUTING 🗆		acident	Enter noture of injury in	n Port I or Port II of iter	п 18)			
LXAMINER: ute the cert age 4 shauls yaur files. Page 3 shau crematian, a	MEDICAL	20c T ME OF INJU	JRY Month, Doy Yeor n. 2, 30 n. may 7 19	10% 25%	RY OCCURRED 20e P Not While Water	ACE OF NJURY (Home for octopy street office bldg., et			(County) (Stote)		
_ 2 0 F 41 L		21. I certify	y that I took charg		ns described above, l			Inquiry [	ond in my opinio		
se executor. Para far ECTOR: I		deoth result	ed from Notur	ol couses [ ],	Accident 🗁 St	icide 🔲, Homic d	le 🔲, Undeterm	med monner			
Mease direction stains DIRE ta b		ACTUAL /	01-0	1			AL EXAMINER		20 DATE CICAGO		
		SIGNATURE	My Xsen	-Mit		PU D	EDICAL EXAMINER	_	22, DATE SIGNED		
E SS 5 52 4 2		EXAMINER'S NAME (Type)	P. J. BEA		100	Address (Stre	ICAL EXAMINER Det, city, town, or county		2/1/6/		
The		BURIAL CREMATIC REMOVAL (Specify)	1		23c. NAME OF CEMETERY O		23d EOCATION 7		(County) (Stote)		
1		FUNERAL DIRECTO		196/	STT. ALOVS	LUS CEMETERY	LEONARD	TOWN M	ARYLAND D.C. GIONATHIDE		
VR A15ME (5)				V LEONA	POTOWN MARY	MAY	9 1967	History	las Junge		



	DIVISION		AKYLAND STATE D ECORDS, 301 W. PRE				ARYLAND 2120	1				
1723			CERTIFICA	\TE	OF DEATH			07	7209			
	T. MARY S		2 USUAL RESIDENCE (Where deceased lived, if institution of the state o					LINTY	St. MARY 8			
b. CITY OR TOWN ( write RURAL and LEONARD	If autside corporate limit Laive nearest town)	\$,	C. LENGTH OF STAY IN 15	c CITY OR TOWN (If outs de carparote limits, write RURA  RURAL HOLLYWOOD				URAL and give	L and give nearest tawn)			
d NAME OF HOSPIT		d street address  Route 1  e 15 res dence On a farm? Yes \( \) No \( \)										
3 NAME OF FIRST DECEASED (Type or pnnt) CHARLES			Middle LEO	Kı	Lost 4 DATE Month OF DEATH MAY			eth 1	5, 19	67		
S SEX	6 COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	J   `	Dec. 30, 1892		9 AGE (In years 74 lost birthdoy) 75 yrs	IF UNDER Months	Doys Hours	R 24 HRS Min.		
	100 USUAL OCCUPATION (Give kind of work done dwing most of working life, even if retired)  PAINTER  10b. KIND OF BUSINESS OR INDUSTRY						11 BIRTHPLACE (County & State, or foreign country)  2 CIT ZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  CHARLOTTE M. HARVEY												
	1S WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dates of service)  16, SOCIAL SECURITY NO  17 INFORMANT  Address  MARY A. KRUG HOLLYWOOD, MARYLAND											
18. CAUSE OF DI PART I. DEAT	EATH (Enter only one co- TH WAS CAUSED BY: IMMEDIATE CAUSE	18	(a) (b), and (c) late	M	1. Boll	rp	1		INTERVA. BE ONSET AND			
Conditions, if any,	e couse (o)	(b)	yocardia	martin				m	in			
stating the under	rlying cause	(c) (d)	mary	_	Allen	1	Jes Ell	4	STA	1		
PART II. OTHER SH	GNIFICANT CONDITIONS (	ONTRIBUTING T	O'DEATH BUT NOT RELATED	7	THE TERMINAL DISEASE KON	ID TION O	GIVEN IN PART 1(a)	-	YES T	NO D		

20g ACCIDENT WAS UNDER LINE ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL

20c. TIME OF INJURY Month, Doy, Year Hour o.m.

DATE THEREOF

MAY

17,196

20d INJURY OCCURRED Not While at work

the deceased

attended

20e PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

ATTENDING PHYS

22d ADDRESS

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of tem 18)

(City or town)

(County)

22b DAYE SIGNED

MARYLAND

(Stote)

on the date stated obove

2]. | certify that (I) (this hospital) saw the deceased filive an 22g SIGNATURE

22c PHYSICIAN'S

23a BURIAL, CREMATIO

BOMOVA (Specify)

NAME (Type

JAMES P. JARBOE M.

D. NAME OF CEMETERY OR CREMATORY ST. JOHNS CEMETERY

23d. LOCATION (City or Town)

GREAT MILLS.

STAFF

(State) HOLLYWOOD, ST. MARY 18. Mo.

24 FUNERAL DIRECTOR

W. CLARKE MATTINGLEY

ADDRESS LEGNARDTOWN, MARYLAND

1967

25a. REC'D BY REGISTRAR

and that death accorred at 4 AM, fram cayses and

MED. DIRECTOR

25b REGISTRAR'S SIGNATURE

**D FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and α director, page 3 shauld be detached far use as the bural-transit permit. Then please remg<sub>s</sub>shauld be filed with the State Dept af Health prior to burial, cremation, ar removal, and in an∯ Page 4 may be retained by the haspital ar attending phymician. TO FUNERAL DIRECTOR: After VR A15 (4) 25M 1/67

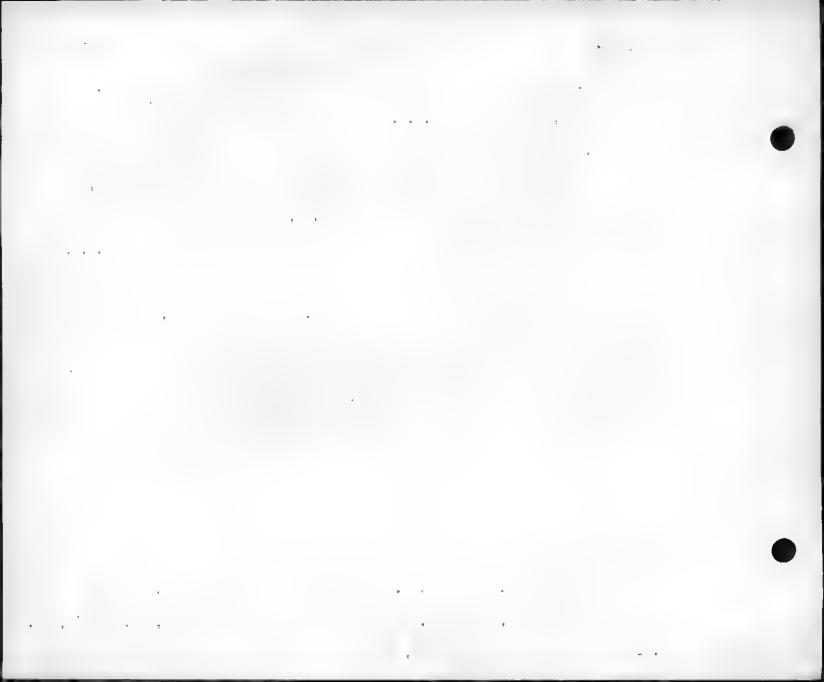
TO MOSPITAL

death. mera

ve carbon papers. Pages 1 event, within 72 haurs after

and completely filled 9 (e)

OR ATTEMBING PHYSICIAN: The law requires that the death certificate be executed within 24



#### MARYLAND STATE DEPARTMENT OF HEALTH **FOR STATE** HEALTH DEP.L PLACE OF DEATH p. COUNTY ST. MARY 8 P.M.3. Page ate Department of MARYLAND 듬 b CITY OR TOWN (If outside corporate imits write RURAL and give nearest tawn) CLENGTH OF STAY N 1b HOLLYWOOD LIFE ŧ d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) QUES pencil in Item 18. Give Pages This certificate shauld be executed within 24 hours after death along with NAME OF Middle First DECEASED CHRISTOPHER ALAN $\subseteq$ (Type or pant) SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED Male W DOWED DIVORCED WHITE event CV. gud IDo, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast of working life, even if retired) INDUSTRY any ward "pending" in pencil in the Chief Medical Examiners 13 FATHER'S NAME .⊆ JOSEPH ELMER PILKERTON gud IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, ar unknown) ((If yes give war ar dates of service) or remayal, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the ward crematian, DUE TO Conditions, if any, which gave (b) rise la immediate cause (a). DUE TO stating the underlying cause used as . burial, a last PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) prior ta 4 should be 2Da EXTERNAL CAUSE WAS P PRIMARY TO OF CONTRIBUTING 3 shaul KAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour o.m. FUNERAL DIRECTOR: Poge at wark its designated 21. I certify that I taak charge of the remains described above, held an Autopsy the funeral director. death resulted fram: Natural\_causes 🔀 Accident

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) h COUNTY ST. MARY S MARYLAND c CTY OR TOWN (If outside carpozote I mits write RURAL and give nearest town) HOLLYWOOD. d STREET ADDRESS ON A FARM? YES NO X Last 4 DATE Month OF DEATH PILKERTON MAY 67 8 DATE OF BIRTH AGE (In years last birthday) Bays Haurs APRIL 23, 1967 11 BIRTHPLACE (State or foreign country) C.T.ZEN OF WHAT COUNTRY? LEGNARDTOWN. MARYLAND U.S.A. 14 MOTHER'S MAIDEN NAME LEQUITA ANN HANCOCK 7 INFORMANT JOSEPH E.PILKERTON HOLLYWOOD, MARYLAND INTERVAL BETWEEN ONSET AND DEATH 9 WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of in ury in Part or Part 1 of item 18.) 2De PLACE OF INJURY (Hame, form (City or town) (County) (State) factory, street, office bldg , etc.) Inspection 🛣 Inquiry 138. and in my opinion Suicide 🗍 Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)

VR A15ME

ro FUNERAL Health or it

DEPUTY

24 FUNERAL DIRECTOR

ACTUAL

SIGNATURE

**EXAMINER'S** 

NAME (Type)

23a BURIAL, CREMATION

BURDAL (Specify)

W. CLARKE MATTINGLEY

WILLIAM D. BOYD M.

23b DATE THEREOF

MAY 30.1967

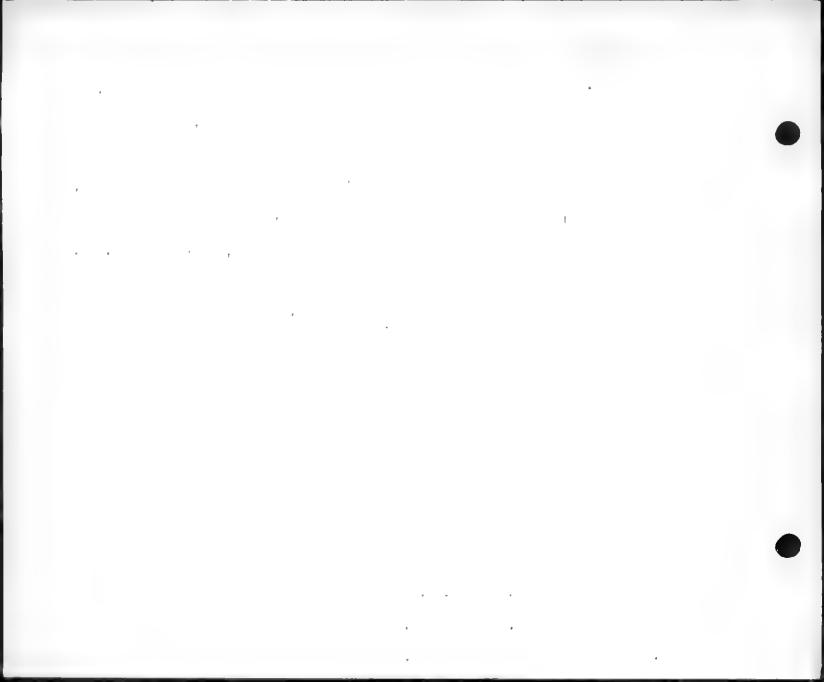
LEGNARDTOWN, MARYLAND

MARYLAND

HOLLYWOOD

ST. JOHNS CEMETERY

DATE



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

97233

FOR STATE HEALTH DEPT.

PM3 Pose

With farm

in pencil in Item 18 Give Pages 1, 2, and 3,

This certificate should be executed within 24 hours after death If

delay is

Share Department of

72 hours after death.

Health or its designated agent, priar ta burial, crematian, or remaval, and in any event within

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

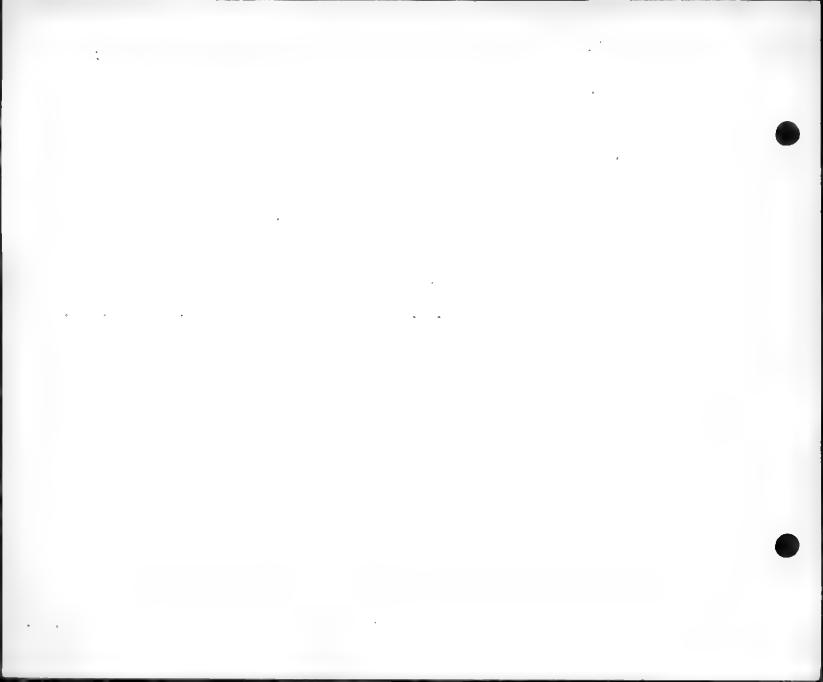
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07211

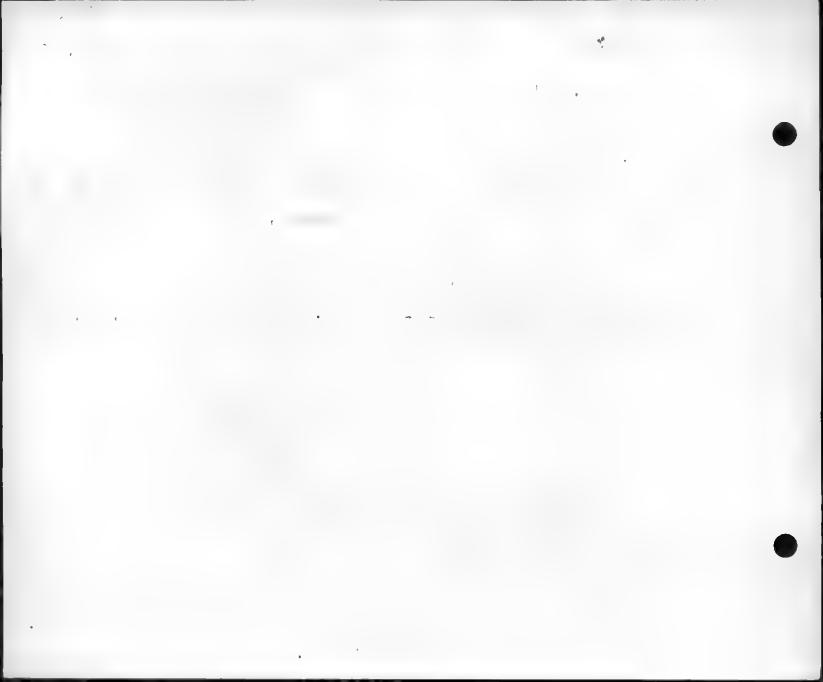
<b>`</b> —					_									
	PLACE OF DEATH o. COUNTY							2 USUAL RESIDENCE a. STATE	E (Whe	re deceased lived	if institution R	les dence	befare admir	100
<u></u>		MARY 8				MARYL		Maryl:		1	pomer.	_		
	b CITY OR TOWN (I write RURAL and	f auts de corporate 1 mit:   give nearest tawn]	,			VGTH OF STAY N		c CITY OR TOWN (If		e carparate limits	write RURAL o	nd g ve m	rearest town)	
	PINE	give nearest tawn) POINT			2	weeks	3	Wenon	a					
	d NAME OF HOSPITA	AL OR INSTITUTION (If no	if in h	aspital, gi	ive stre	eet address)		d STREET ADDRESS					e IS RES	IDENCE FARM?
	ST. GEO	RGE CREEK						Main .	Ros	ad				NO [3
	NAME OF DECEASED	Fir	st			Middle		Last	4.	DATE	Month		Day Y	ear
	(Type ar print)	No	RMA	N		R	T	HOMAS		OF DEATH	MAY		15 19	67
S :	SEX	6 COLOR OR RACE	7 M	ARRIED		NEVER MARRIED	K	DATE OF BIRTH		9 AGE (In	years IFL	JNDER 1 Y		R 24 HR
М	ALE	WHITE	₩I	DOWED		D VORCED		May 22,	19:	17 49 AGE (In	yrs mo	ט בחית	)ays Haurs	Min
10a	USUAL OCCUPATION	(Give kind af wark dane		10b k N	VD OF	BUSINESS OR		11 BIRTHPLACE (Sta	ote ar i	fare gn country)		12 (IT Z	EN OF WHAT	,
duri	ng most of working Waterin	lite, even if refired)		INU	LT	igboat		Maryla	nd			US!	IKY?	
	FATHER'S NAME							14 MOTHER'S MAIDER		E				
	Willia	m Ira Tho	ma	S. S	Sr.			Hile	da	Webste	r			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16.5		SECURITY NO.	17 1	NFORMANT						
	Yes, na, ar unknawn) (If yes give war ar dates af service) Y1 O				6_1	6-7682	M	Mrs. Ella Webster, Wenona				na.	. Md.	
i		ATH (Enter anly one can	sa nar				1 44		,,,,	,	14 01101	100 }	INTERVAL BE	TWEEN
	18 CAUSE OF DEATH (Enter only one cause per line far (a) (b), and (c).) PART I. DEATH WAS CAUSED BY										ONSET AND			
	IMMEDIATE CAUSE (a)									-				
	Conditions if any which agus 2													
	rise ta immediate cause (a).													
	staling the underlying cause DUE TO													
	<u>las†</u> (c)										118 118 118			
FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							T 1(a)		19 WAS AUT	VED3				
3	5 CO. CATTONIA CO. CT. Mar.									YES	NO [			
CERTIFICAT	200 EXTERNAL CAUSE WAS  200 DESCRIBE HOW INJURY OCCURRED (Enter nature of in try up Part 1 or Part 1 of Item 18)  PRIMARY TO GONTR BUTING []  AUSTRALIA OF SEXTLA CONTRIBUTION []													
	CAUSE OF DEATH			Jark	ul	e forex les	-40r.		to I	u sene				
MEDICAL	20c TIME OF N RY Manth, Day Year 20d INJURY OCCURRED 20e P.ACE OF IN RY (Hame farm, 20f (Ctyper town) (Cashty) (State)													
Σ	Hour am many 15 1967 at wark Wat While brook of It florge flores the first florge flores here													
	21. I certify	that I took charge	af '	the rem	ains	described abo	ove, he	d an Autopsy 🕒	, 1	nspect <del>i</del> an 🗷,	inquiry .	1	and in my	op n
	death result	ed fram: Natura	(GL	ises [	], /	Accident 🕡	Suici	de 🔲 , Hamicid	de [	] Undeterm	ined manne	er 🗍		
								CHIEF MEDICA	AL EXA	MINER				/
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER									22. Dans	SIGNE			
	EXAMINER'S	THE DEED TV MEDICAL EVANDARIA (								2-416	1 94	116		
	NAME (Type)				V			Address (Stre	eet, cit	y, tawn, or caunty	grant	Julie	1 14 H	serge
23a	BURIAL CREMAT C		REOF		23c	NAME OF CEMET	ERY OR (	REMATORY		23d LOCATION (C	ty or Town)	(Co	aunty) (	Stote)
	PENDANT ROJULA	5/22/	67		St	.Paul	s C	emetery		Wenon	a So	omer	set,N	Id.
24	FUNERAL DIRECTO	11111-1	1			ADDRESS	Rt	. 3 250 RE	C'D BY	REG STRAR	2Sb REGISTR	AR'S SIGN	NATURE	
	Lerey	7. W.CO	1	7	Pri	ncess	Ann	e. Md may	19	1 1967	yclian	MAS	Judge.	

5 may be retained far yaur files

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07234 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission, o COUNTY o STATE b. CQUNTY Page Department of Somerset ST MARY 8 MARYLAND MARYLAND delay c LENGTH OF STAY N 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN ( t outside corporate limits, puo P.M.3 write RURAL and give nearest town) 2 weeks PINEY POINT WENONA S RESIDENCE ON A FARM? d STREET ADDRESS d NAME DE HOSPITA, DR INSTITUTION (If not in hospital give street oddress) form Main Road YES NO SE in pencil in Item 18. Give Pages a ST. GEORGE CREEK be executind within 24 hours ofter death be forworded to the Chief Med col Examiner's Office olong with 3 NAME OF Middle 4 DATE Fist Lost Month Year DECEASED 0F (Type or print) THOMAS DEATH 9 AGE (In years IF UNDER 1 YEAR S SEX 6 CDLOR OR RACE B DATE OF BRIH 7 MARRIED NEVER MARRIED 42 yrs Dovs and in any event within 72 hours ofter deoth. WIDOWED DIVORCED July 4. 1924 WHITE 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS DR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN DF WHAT COUNTRY? during most of working life, even if retired)
Waterman INDUSTRY. tugboat Maryland File poges 1 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Ira Thomas, Sr. Hilda Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SDCIAL SECURITY NO. 17. INFORMANT Address burnol-trans't permit. (Yes, no, or unknown) (If yes give wor or dotes of service) pleose execute the certificate, writing the word "pending" Mrs. Eva Thomas 218-16-5553 Wenona, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART | DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) This certificate should DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 used buriol, cremation, or removal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (o) WAS AUTOPSY PERFORMED? CERTIFICATION NO 200 EXTERNAL CAUSE WAS #Enter noture of an up-in-Port For Part Is of item #B" 3 should PRIMARY LLCF CONTR BUTING CAUSE OF DEATH Poge 4 should MEDICAL 20c TME OF NJURY Month, Doy Year 20e PLACE OF INJURY (Home, form While at work moy be retoined for your FUNERAL DIRECTOR: Poge 21 | certify that I taak charge of the remains described above held an Autapsy Inspect on 🕟 Inquiry W. and in my apinion Natural causes Accident . Su cide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER Health prior to ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE the funera **EXAMINER'S** Address (Street, city town or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town (Stote) 230 BURIAL, CREMATION, 50 REMOVAL (Specify) Md. Cemetery | Wenor Somerset buria Wenona 24\_ELMERAL DIRECTOR VR A15ME (5)1 DATE MAY 6M 1/67



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07235 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE ST. MARY S MARYLAND MARYLAND \_\_\_ ST MARY S b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 12 HRS. ST. GEORGE ISLAND. LEGNARDTOWN IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS NO V ST. MARY & HOSPITAL YES 🗀 3 NAME OF 4 DATE Lost Year DECEASED (Type or print) OF MARGARET ESTHER THOMPSON DEATH B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6 COLOR OR RACE 7. MARRIED K NEVER MARRIED last birthday) Manths Days Hours FEMALE WIDOWED DIVORCED WHITE Ост. 7. 1922 12 CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **COUNTRY?** INDUSTRY U.S.A NEW HAMPSHIRE HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ALTA MAE SIMONBS HAROLD L HUDSON 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If we give wor or dates of service) 008-10-4434 JAMES VERNON THOMPSON SAME AS 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS ALTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) PERFORMED? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of murry in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame farm, 2Dc TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (State) while at work at work factory, street, office bldg., etc.) Haur 'a.m. . 19 . to 21. Leertify that (1) (this haspital) attended the deceased fram. , 19\_\_\_, that (I) (we) last M, fram causes and an the date stated above. 19 and that death accurred at say the deceased alive an\_\_\_\_ 22g SIGNATURE 22b. DATE SIGNED M D PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN NAME (Tybe) MARYLAND. M.D. LEGNARDTOWN. 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION. 23d LOCATION (City or Town) (County) BURIAL (Specify) ST. FRANCIS XAVIER ST. GEORGE ISLAND ST. MARY'S 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb REG STRARS SIGNATUR

LEGNARDTOWN. MO.

TO FUNERAL DIRECTOR: After O HOSPITAL VR A15 (4) 25III 1/67

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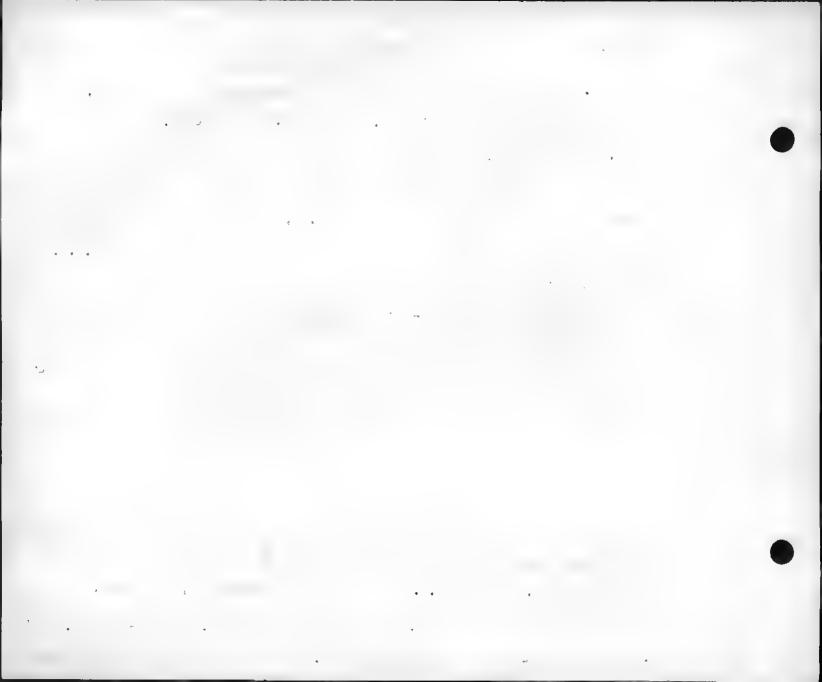
CERTIFICATION

MEDICAL

W. CLARKE MATTINGLEY

S SEX

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours oft



# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR SXI PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY o STATE b COUNTY 2, onu PM3 Page ST. MARY S the Stote Deportment of MARYLAND delov C JENGTH OF STAY IN 1b b CTY OR TOWN (I outside corporate i mits, c CITY OR TOWN (1 outside corporate smits, write RURAL and give nearest town) RURAL HOLLY WOOD 13 YRE. RURAL HOLLYWOOD. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS be forwarded to the Chief Medical Examiner's Office olong with farm Poges be executed within 24 hours ofter death 3 NAME OF Middle First 4 DATE Month Lost DECEASED OF. Give WEEKS LOUISE MAY (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARR ED XX 8 DATE OF BRITE 9 AGE (In years NEVER MARRIED File poges Iond2 with Jost birthdoy)
78 yrs DEC.8, 1888 event within 72 hours after deoth DIVORCED FEMALE WHITE w DowED 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fore an country) during most of working life, even if ret red)
HOUSE WIFE INDUSTRY MARYLAND 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME FREDERICK LOHMAN ELIZABETH .⊑ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (II ves give war or dates of service pending ADDISON EMMETT WEEKS HOLLYWOOD. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) burnal-tronsit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) certificate should writing the word DUE TO ony Conditions, if any, which gove nse to immediate couse (a). .⊆ DUETO stoting the underlying couse 0 0.0 be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) cremotion, or removal, certificote, 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of injury in Port 1 or Port 1 of tem 18) 3 should CERT PRIMARY I or CONTRIBUTING I p nous ETCAL EXAMINER: CAUSE OF DEATH MEDICAL 20d NJURY OCCURRED 20e PLACE OF NJURY (Home, form 20f 20c, TIME OF NURY Month, Doy, Year loctory, street, office bldg., etc.) Hour o.m. While Not While Poge of work ot work Inspection 🗶 21 | certify that I took charge of the remains described above held an Autopsy [7].

INTERVAL BETWEEN ONSET AND DEA 19 WAS AUTOPS PERFORMED? NO X ((aty or town) (County) (Stote) Inquiry X and in my opinion Undetermined manner 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d LOCATION (City or Town GREAT MILLS, MA
EG STRAR 250 REGISTRAR S S'GNATURE Mclimban Jud

07214

ST. MARY S

IF UNDER 1 YEAR

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12 CITIZEN OF WHAT

U.S.A.

MARYLAND

Months

S RESIDENCE ON A FARM?

YES NO 🗶

Year

IF UNDER 24 HRS

19

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VR A15ME (5) 6M 1/67

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prior

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FUNERAL may be

the funeral director

W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

23b DATE THEREOF

May 6, 1967

death resulted from

ACTUAL

SIGNATURE

**EXAMINER'S** 

NAME (Type)

230 BURIA, CREMATION

24 FUNERAL DIRECTOR

Natural couses X. Accident .

AM D. BOYD M.

Suicide .

23c NAME OF CEMETERY OR TREMATORY

EBENEZER CEMETERY

Hamicide | |

CHIEF MEDICAL EXAMINER

25g RECD BY REG STRAR 1967

3 .c:

07237 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral clirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after leadth. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07215

1	PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY								
	ST. MARYS MARYLAND	MARYLAND ST. MARYS								
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  I.EONARDTOWN	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)  RURAL - SCOTLAND								
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE ON A FARM?								
	ST. MARYS HOSPITAL	Last   4 DATE   Month   Day Year								
	B. NAME OF First Middle DECEASED (Type or print) MINNIE H.	WELCH DEATH MAY 17 1967								
1	/ MARKIED   NEVER MARKIED	9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Oays   Hours   Min.								
1	Oa. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	10/8/1880 86 yrs.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT								
0	uring most of working life, even if retired) INDUSTRY	MARYLAND COUNTRY?								
-	HOUSEWIFE DOMESTIC  13. FATHER'S NAME	MARYLAND USA 14. MOTHER'S MAIDEN NAME								
1	DANIEL HAMMETT	CLARA HEWETT								
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address								
L	Yes, no, or unknown) (If yes give war or dates of service) NO 214 36 1742 M	RS. MYRTLE TAYLOR - SCOTLAND, MD.								
	18. CAUSE OF DEATH [Enter only one cause pay line for (a), (b), and (c),	INTERVAL BETWEEN ONSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (A COULAGE COURSE (b) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C									
	585X DUE TO X 2 THAT A 2 STATE OF THE STATE									
Н	conditions, if any, which gave rise to immediate (b)									
	cause (a), stating the DUE TO underlying cause last.	y tall bladdes Jany								
2 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTACTURE TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO'SY PERFORMED?  YES NO								
2		RRED. (Enter nature of injury in Part I or Pert II of Item 18.)								
14.5	fantas	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)								
1	Hour a.m.  p.m.  19   While   Not While   at work   at work									
	21. I certify that (I) (this thospital) attended the deceased from	1962 to 3// 1907 that (I) (weet last								
	saw the deceased alive on 19 19 and that	t death occurred at M, from the causes and on the date stated above.								
	ATTENDING MED. OIRECTOR PHYS. 5/19/67									
1	22c. PHYSICIAN'S NAME (Type) JAS. P. JARBOE M.D.	22d. ADDRESS GREAT MILLS, MARYLAND								
1	3a. BURIAL, CREMATION, 22b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)								
1	ABURIAL / 5/20/67 TRINITY E	PISCOPAL CEN ST MARYS CITY MARYLAND 256. REGISTRAR'S SIGNATURE								
V	24 FUNERAL DIRECTOR CELLU ADDRESS									
1	JOHN M. WELCH - LEONARDTOWN, MD.	DATE 2 3 1967 yellowles Judge								

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2 . 27			07238		CERTIFICATI	E OF DEATH		072	16
trand trand			LACE OF DEATH . COUNTY ST. MARY 5		MARYLAND	2. USUAL RESIDENCE ( o. STATE MARYL	Where deceased lived, if institution b. COUN	on: Residence before ad	
hours offer n by the sw s. Pages I hours affer	ř		CITY OR TOWN (If outside corporate limits, with RURAL and give nearest town)	c. Li	ENGTH OF STAY IN 16	C. CITY OR TOWN (If or	utside carparate limits, write RUR	AL and give nearest tax	wn)
n 24 hou illed in b papers.	94		I. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give st		d. STREET ADDRESS		e. IS	RESIDENCE N A FARM?
filled pape	The same		RIDGELLS NURSIN	G HOME				YES	□ NOS
campletely a	K		IAME OF First DECEASED Type or print) ALEXANDER		Middle	Lost	4. DATE Month	Day 26.	Year 19 <b>67</b>
mplete ve cark	13	S.		MARRIED	NEVER MARRIED X	WRIGHT  B. DATE OF BIRTH	9. AGE (In years		UNDER 24 HRS
e executed with and campletely remaye carbon any eyent, with	No. of Contract of		MALE WHITE	WIDOWED	DIVORCED	APRIL 26.18	last birthday)		ours Min.
be exect n and constant se remand din any		10a. duri	USUAL OCCUPATION (Give kind of work done	10b. KIND OF	BUSINESS OR Go of	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WH COUNTRY?	AT
physician please aval, and i		13.	Retired Naul Bop.	1105	Gouli	14. MOTHER'S MAIDEN	NAME MARYLAND	U.S.A.	
th certificaling physical plant plan			richard W.	righ	t	Saral	Barke	~	
affeath cer affending p permit. The		15'. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , po, of unknown) (If yes give war ar dates of ser	vice) Id. SOCIAL	17	icson W	Wright	Accokes	x, 393
70			18. CAUSE OF DEATH (Enter only one cause p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (t	tricula	1. Film	llation	ONSET	L BETWEEN AND DEATH
equires that the physician. Signed by the burial-transit burial, cremain			Conditions, if any, which gave )	N	1 gran	lial &	nfarth	m. h	7
De man			rise to immediate cause (a), stoting the underlying cause last.	11/	ma	MAN	Cer Deta	is a	U
The atternation	2	MOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NOITION GIVEN IN PART I(a)	79. WAS PERI YES I	S AUTOPSY FORMED?
日本電子で		CERTIFICATION	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in	Part I ar Part II of item IB.)	1.5	
G PHYSICIA the haspital r this certifice detached fa		MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m.	20d. INJURY While	Not While for	ACE OF INJURY (Home, farm tary, street, office bldg., etc.		(County)	(Stote)
by by Sta			21. I certify that (1) (this haspital saw the deceased alive an	at wark L	he deceased fram_		96 to 5/26 135 M, from causes of	, 19 <i>OO</i> , that	(I) ( <del>WE) l</del> a
~ ~ <u>~</u> ₩ ~ ×	П		22a. SIGNATURE		all 18 M	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE MGNED	lied abov
may be RAL DIRI	1		22c. PHYSICIAN'S NAME (Type) JAMES P.	JARBOE	~~~	22d. ADDRESS	REAT MILLS, MAI	RYLAND	<i>u</i> /
TO HOSPITAL Page 4 may b TO FUNERAL D director, page shauld be file	0	23a	BURIAL, CREMATION, 23b. DATE THEREO REMOVAL (Specify)		NAME OF CEMPTERY OR		23d. AOCAFION (City or You		(Stote)
VR A15 (4)	10/1	24	FINIERAL DIRECTOR HE	o Dallane	ADDRESS / ON			GISTRAR'S SIGNATURE	11/61

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